

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/585077

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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54						
55			/			
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57				/		
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62				/		
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65				/		
66				/		
67				/		
68				/		
69				/		
70			/			
71				/		
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87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95			/			
96				/		
97				/		
98				/		
99			/			
100				/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	42	←		←
TOTAL CLAIMS			46			

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/		
102			/			
103				/		
104				/		
105				/		
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150						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		6	←		←
TOTAL CLAIMS			8			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						